

Community Pathways Waiver – Revised Draft Proposal

Service Type: Other Service

Service (Name):

Alternative Service Title: **TRANSITION SERVICES**

HCBS Taxonomy:

Check as applicable

☐ Service is included in approved waiver. There is no change in service specifications.

☒ Service is included in approved waiver. The service specifications have been modified.

☐ Service is not included in the approved waiver.

Service Definition:

- A. Transition Services assist individuals with expenses related to moving and setting up a new home.
- B. Allowable expenses, as necessary to enable an individual to establish a basic household, may include:
 - 1. security deposits that are required to obtain a lease on an apartment or home;
 - 2. cost of essential household furnishings, such as furniture, window coverings, and kitchen, bed, and bath items;
 - 3. set-up fees or deposits for utility or service access, such as telephone, electricity, heating and water;
 - 4. services necessary for the individual's health and safety such as pest removal services and one-time cleaning prior to moving in;
 - 5. moving expenses; and
 - 6. activities to assess need, arrange for and pay for transition services.

SERVICE REQUIREMENTS:

- A. Transition Services is available when an individual is transitioning from an institutional setting or a living arrangement that is owned or leased by a provider to a living arrangement in a private residence where the individual will be directly responsible for his or her own living expenses or another provider licensed site.
- B. The person centered plan must state that the individual is unable to pay for expenses related to moving and setting up a new home and services cannot be obtained from other sources.
- C. From the list of allowable expenses, the individual or his or her designee will prioritize and select items purchased based on their preferences.
- D. Items purchased belong exclusively to the individual and shall transfer with the individual to his or her new residence.
- E. Items purchased that the individual no longer wants shall be returned to the DDA unless otherwise directed.

- F. The list and budget for transition expenses must be submitted and approved by the DDA before services are provided.
- G. Transition Services are furnished only to the extent that they are reasonable, necessary, and based on the individual's needs.
- H. Transition Services may be provided to people leaving an institution up to 180 days prior to moving out.
- I. When furnished to individuals returning to the community from a Medicaid institutional setting, the costs of these services are considered to be incurred and billable when the individual leaves the institutional setting and enters the waiver. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition); transitional services may be billed to Medicaid as an administrative cost.
- J. Payment may be approved for transition services incurred no more than 180 days in advance of waiver enrollment.
- K. Transition Services does not include monthly rental or mortgage expense, food, regular utility charges, monthly telephone fees, and household appliance or items that are intended for entertainment such as televisions, game stations, DVD players, or monthly cable fee.
- L. Transition Services will not include payment for room and board.
- M. Items may not be purchased from the individual's relative.
- N. Transition Services does not include items or services otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The maximum payment for this service may not exceed \$5,000 per lifetime unless otherwise authorized by DDA.

Service Delivery Method (check each that applies)

- ☒ Participant Directed as specified in Appendix E
- ☒ Provider Managed

Specify whether the service may be provided by (check all that applies):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	Entity – for people self-directing services
Agency	DDA Certified Organized Health Care Delivery System Provider

Provider Specifications for Services

Provider Category: Individual

Provider Type:Entity for people self-directing services

Provider Qualifications License (specify):

Certificate (specify):

Other Standard (specify):

Vendors such as the following but not limited to:

1. Apartment or house leases;
2. Household items;
3. Utility services;
4. Pest removal/cleaning services;
5. Moving; and
6. Entity conducting needs assessment, coordination, and paying for items.

Verification of Provider Qualifications

Entity Responsible for Verification:

- Fiscal Management Services (FMS)

Frequency of Verification:

- Initial

Provider Category: Agency

Provider Type: DDA Certified Organized Health Care Delivery System Provider

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

DDA certified Organized Health Care Delivery System provider as per COMAR 10.22.02 and 10.22.20

Other Standard (specify):

Verification of Provider Qualifications Entity

Responsible for Verification:

- DDA for Organized Health Care Delivery System certification

Frequency of Verification:

- OHCDs annual for certification